

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/706,304

Filing Date

11/12/2003

First Named Inventor

Janet Teshima

Art Unit

2857

Examiner Name

Carol S. W. Tsai

RECEIVED**CENTRAL FAX CENTER**

NOV 10 2005

Attorney Docket Number

F107

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Michael Scheinberg Law Firm

Signature

Printed name

Michael O. Scheinberg

Date

11/10/2005

Reg. No. 36,919

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Margarita Marquez-Escalona

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete if Known

RECEIVED

CENTRAL FAX CENTER

NOV 10 2005

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Surcharge

Fee Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 328-9510
Name (Print/Type)	Michael O. Scheinberg		Date November 10, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete if Known	
Application Number	10/706,304
Filing Date	11/12/2003
First Named Inventor	Janet Teshima
Examiner Name	Carol S. W. Tsai
Art Unit	2857
Attorney Docket No.	F107

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=		50	25
.HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			
.HP = highest number of independent claims paid for, if greater than 3.					

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Surcharge

180.00

SUBMITTED BY	Registration No.	Telephone
Signature	Michael O. Scheinberg	(Attorney/Agent) 36,919 (512) 328-9510
Name (Print/Type)		Date November 10, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/08A (08-03)

Approved for use through 07/31/2008, OMB 08-51-0091

Approved for use through 07/31/2006. GPO 0-837-003
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Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/706,304
		Filing Date	11/12/2003
		First Named Inventor	Janet Teshima
		Art Unit	2857
		Examiner Name	Carol S. W. Tsai
		Attorney Docket Number	F107
Sheet	1	of	1

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code ² -Number ³ -Kind Code ⁵ (if known)			
A	JP3383574		12/20/2002		
B	JP3709886		08/19/2005		
C	JP3677968		05/20/2005		
D					
E					
F					

Examiner Signature		Date Considered	
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¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ²Applicant's unique citation designation number (optional). ³See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ⁴Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁷Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.: F107

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.: 10/706,304**ART UNIT:** 2857**RECEIVED
CENTRAL FAX CENTER****APPLICANT(S):** Janet Teshima, Daniel E. Partin and James E. Hudson

NOV 10 2005

FILING DATE: 11/12/2003**EXAMINER:** Carol S. W. Tsai**TITLE:** Defect Analyzer**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Pursuant to the guidelines for Information Disclosure Statements, 37 C.F.R. §§ 1.97-1.98, attached hereto is Form PTO/SB/08A (one sheet) with references listed for consideration by the Office.

In accordance with 37 C.F.R. §§ 1.97(g)-(h), the filing of this Information Disclosure Statement shall not be construed as a representation that a search has been made or an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in 37 C.F.R. § 1.56(b).

This Information Disclosure Statement is being filed after the mailing of a first Office

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11/14/2005 TL0111 00000022 10706304
01 FC:1806 180.00 DP

On: November 10, 2005
By: M. Marquez
Name: Margarita Márquez-Escalona
Telephone: (512) 328-9510

Attorney Docket No.: F107

action and before the mailing date of any final action under §1.113, a Notice of Allowance under §1.311, or an action that otherwise closes prosecution in the application, and is accompanied by the fee set forth in §1.17 (p).

Respectfully submitted,

Date: November 10, 2005

By:


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